UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA JOHNSTOWN DIVISION

| In re: | Case No. 13-70628JAD |
|-------------------|----------------------|
| JUDITH F. FORNARI | |
| | |
| Debtor(s) | |
| | |

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Ronda J. Winnecour, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 08/29/2013.
- 2) The plan was confirmed on 01/07/2014.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1328 on 05/19/2014.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on \underline{NA} .
 - 5) The case was completed on 03/27/2017.
 - 6) Number of months from filing to last payment: 43.
 - 7) Number of months case was pending: <u>49</u>.
 - 8) Total value of assets abandoned by court order: <u>NA</u>.
 - 9) Total value of assets exempted: \$30,195.00.
 - 10) Amount of unsecured claims discharged without payment: \$18,697.39.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$27,177.36 Less amount refunded to debtor \$240.90

NET RECEIPTS: \$26,936.46

Expenses of Administration:

Attorney's Fees Paid Through the Plan

Court Costs

Trustee Expenses & Compensation

Other

\$1,731.00
\$1,731.00
\$1,037.11

TOTAL EXPENSES OF ADMINISTRATION: \$2,768.11

Attorney fees paid and disclosed by debtor: \$759.00

| Scheduled Creditors: | | | | | | |
|-------------------------------|-----------|-----------|-----------|----------|-----------|------|
| Creditor | | Claim | Claim | Claim | Principal | Int. |
| Name | Class | Scheduled | Asserted | Allowed | Paid | Paid |
| ALTOONA REGIONAL HEALTH SYST | Unsecured | 2,149.00 | NA | NA | 0.00 | 0.00 |
| ANTIO LLC | Unsecured | 0.00 | 623.23 | 623.23 | 623.23 | 0.00 |
| BENEFICIAL CONSUMER DISCOUNT | Secured | 19,775.00 | 19,464.43 | 0.00 | 12,670.70 | 0.00 |
| BLAIR COUNTY ANESTHESIA PC++ | Unsecured | 0.00 | NA | NA | 0.00 | 0.00 |
| CAPITAL ONE(*) | Unsecured | 827.00 | NA | NA | 0.00 | 0.00 |
| CITIBANK NA(*) | Unsecured | 885.00 | NA | NA | 0.00 | 0.00 |
| CLERK, U S BANKRUPTCY COURT | Priority | NA | NA | 3,620.20 | 3,620.20 | 0.00 |
| DR ARTHUR J DEMARSICO | Unsecured | 500.00 | NA | NA | 0.00 | 0.00 |
| ENHANCED RECOVERY COMPANY | Unsecured | 2,886.29 | NA | NA | 0.00 | 0.00 |
| GE CAPITAL RETAIL BANK | Unsecured | 1,782.00 | 1,782.91 | 1,782.91 | 1,782.91 | 0.00 |
| GEMB/WALMART DC++ | Unsecured | 1,263.00 | NA | NA | 0.00 | 0.00 |
| LEXINGTON ANESTHESIA ASSOC++ | Unsecured | 182.00 | NA | NA | 0.00 | 0.00 |
| PRA/PORTFOLIO RECOVERY ASSOC | Unsecured | 11,657.68 | 8,533.26 | 8,533.26 | 1,328.16 | 0.00 |
| QUANTUM3 GROUP LLC AGNT - MOI | Unsecured | 0.00 | 478.68 | 478.68 | 478.68 | 0.00 |
| SEARS/CITI CARD USA*++ | Unsecured | 0.00 | NA | NA | 0.00 | 0.00 |
| SPIRIT OF AMERICA NB | Unsecured | 500.00 | NA | NA | 0.00 | 0.00 |
| SPRINGCASTLE FINANCE FUNDING | Unsecured | NA | 3,664.47 | 3,664.47 | 3,664.47 | 0.00 |
| TARGET NATIONAL BANK | Unsecured | 0.00 | NA | NA | 0.00 | 0.00 |
| THD/CBSD | Unsecured | 2,300.00 | NA | NA | 0.00 | 0.00 |

| Claim | Principal | Interest |
|-------------|--|--|
| Allowed | <u>Paid</u> | <u>Paid</u> |
| | | |
| \$0.00 | \$12,670.70 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$12,670.70 | \$0.00 |
| | | |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$3,620.20 | \$3,620.20 | \$0.00 |
| \$3,620.20 | \$3,620.20 | \$0.00 |
| \$15,082.55 | \$7,877.45 | \$0.00 |
| | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$3,620.20 \$3,620.20 | Allowed Paid \$0.00 \$12,670.70 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$12,670.70 \$0.00 \$0.00 \$0.00 \$0.00 \$3,620.20 \$3,620.20 \$3,620.20 \$3,620.20 |

| Disbursements: | | |
|---|---------------------------|--------------------|
| Expenses of Administration Disbursements to Creditors | \$2,768.11 \$24,168.35 | |
| TOTAL DISBURSEMENTS : | | <u>\$26,936.46</u> |

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 09/14/2017 By: /s/ Ronda J. Winnecour Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.